

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06181

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE D. C. COUNTY -	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Glenn Dale, Md. (Rural)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS (If rural, give location) 34 Eye St., N. E.	
3. NAME OF DECEASED (Type or Print) GEORGE		4. DATE OF DEATH (Month) June (Day) 22nd (Year) 1951	
5. SEX MALE		6. COLOR OR RACE NEGRO	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH 12-25-1899	
9. AGE last birthday 51 yrs.		10. If under 1 year Months - Days - Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY B and B Cafeteria	
11. BIRTHPLACE (State or foreign country) State of Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 577-30-7436	
17. INFORMANT AND ADDRESS Decedent		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Rheumatic Heart Disease		38 yrs.	
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Pulmonary Tuberculosis		6 months	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-28-1951, to June 22nd 1951, that I last saw the deceased alive on June 22nd 1951, and that death occurred at 8:15 P. m., from the causes and on the date stated above.			
SIGNATURE Daniel P. Pineane M.D.		ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland	
DATE SIGNED 6/22/51			
23. FUNERAL, OR REMOVAL (Specify) 6/26/51		DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington, D.C.	
DATE REC'D BY LOCAL REG. 6/23/51		REGISTRAR'S SIGNATURE H. Weiss	
24. FUNERAL DIRECTOR R.N. Horton Co., 1322 4th St. N.W. D.C.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06182

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Pr. George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Lanham Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Lanham</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>P.O. Box 73</u>	
3. NAME OF DECEASED (Type or Print) <u>Margaret Elizabeth Bennetto</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 20, 1905</u>
9. AGE last birthday <u>45</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Ontario, Canada</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James H. Gibson</u>		14. MOTHER'S MAIDEN NAME <u>Ethel Duncan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Chester B. Bennetto - husband</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Generalized Cancer on basis of biopsy

INTERVAL BETWEEN ONSET AND DEATH

3-20-49

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

metastasis to brain - lung bones

(c)

Primary site: Right breast (6-26-51 - ams)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF INJURY bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 20, 1949 to 6/9, 1951, that I last saw the deceased alive on 6/8, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6/11/51</u>		NAME OF CEMETERY OR CREMATORY <u>St. Lincoln</u>		LOCATION (City, town, or county) (State) <u>Chilmar Maryland</u>	
DATE REC'D BY LOCAL REG. <u>6/11/51</u>		REGISTRAR'S SIGNATURE <u>Carrie F. Campbell</u>		24. FUNERAL DIRECTOR <u>St. Charles sons Hyattsville Md</u>		ADDRESS <u>658 868</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

06183

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>D. C.</u> COUNTY <u>-</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Glenn Dale (rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Washington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenn Dale Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>200 E. Street, N. W.</u>	
3. NAME OF DECEASED (Type or Print) <u>JAMES</u> (First) <u>ARNOLD</u> (Middle) <u>BEST</u> (Last)		4. DATE OF DEATH <u>6</u> (Month) <u>15</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/22/1896</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>William H. Hintz</u>	10. AGE last birthday <u>55</u> yrs.	11. BIRTHPLACE (State or foreign country) <u>Abilene, Texas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Joseph Best</u>	
14. MOTHER'S MAIDEN NAME <u>Naonic Papasane</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>-</u>	
16. SOCIAL SECURITY No. <u>577-16-1867</u>		17. INFORMANT AND ADDRESS <u>Decedent</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

pulmonary tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

8 mos.

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1950, to 6/15, 1951, that I last saw the deceasedalive on 6/15, 1951, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Daniel Leo Penicase M.D.Glenn Dale SanatoriumGlenn Dale, Maryland6/15/51

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6/16/51W. W. ChambersW. W. Chambers Co. 517-11 St & E512 VV Wash. D.C.

MARGIN RESERVED FOR BINDING

VS. A16 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 22 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06184

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE _____ COUNTY _____	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>University Park</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington D.C.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4003-College Heights Drive</u>		STREET ADDRESS (If rural, give location) <u>3371-23rd St. S.E.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>RISSIE</u>	(Middle) <u>M.</u>	(Last) <u>BLANKENSHIP</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>8</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 28, 1898</u>
9. AGE last birthday <u>53</u> yrs.		10. If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>	
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Champ</u>		14. MOTHER'S MAIDEN NAME <u>Sallie Booth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Louise B. Pocco</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) metastatic carcinoma

6 mo.

Antecedent cause(s)

(b) Carcinoma Uterus

2 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

None

19a. DATE OF OPERATION <u>1949-1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Uterus - metastatic Ca of bowel</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, or office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1950, to June 7, 1951, that I last saw the deceasedalive on June 7, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

George J. MichtowtMD2026 R St. N.W.June 8-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF <u>June 11, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>North Lincoln</u>	LOCATION (City, town, or county) (State) <u>Bladensburg Md.</u>
DATE REC'D BY LOCAL REG. <u>June 8, 1951</u>	REGISTRAR'S SIGNATURE <u>James Severz</u>	24. FUNERAL DIRECTOR <u>J. William Lee's Sons Co.</u>	ADDRESS <u>300-4th St. N. E. 290679</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
JUN 11 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06185-745

1. PLACE OF DEATH:

County Prince GeorgesCity or town Sykesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

6403 Open roadHow long in hospital or institution? 5 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Wash. D.C. CountyCity or town Wash. D.C.
(If outside city or town limits, write RURAL and give nearest town)Street No. 3475 South Utah St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Joseph Richard Brakeney Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Caucasian

6. (a) Single, married, widowed, or divorced

Child

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 4, 1950

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

14

hrs.

min.

9. Birthplace

Bethesda, Md. (Capital and Center)
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Transportation
(Burial, cremation, or removal. Which?)

Date thereof

6/27/51

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

6/26/51
(Date of registration)

1951

Amanda Downey

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

6/2619. 51at 5-15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February19. 51to 6/2619. 51

and that I last saw him alive on

6/26/51

19.

Immediate cause of death

Cerebral palsy
bladder (congenital)

DURATION

Am. birth

Due to

paralysis of respiratory
and swallowing muscles1 d. (?)

Due to

351X

Other conditions

872

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas A. Christensen

M. D. or other

Address

College Park MdDate signed 6/26/51

RECEIVED
JUN 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06186

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY <u>St. George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hyattsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hyattsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>5515 38th Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>Susanna Marie Braun</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12 1951</u>	
5. SEX <u>2</u>	6. COLOR OR RACE <u>W -</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-11-1872</u>
9. AGE last birthday <u>78</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Carl</u>		14. MOTHER'S MAIDEN NAME <u>Susanna</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT <u>George H. Braun</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Central Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

one month

Antecedent cause(s)

(b)

Cardiovascular - Renal Dis.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 46, 1951, to June 12, 1951, that I last saw the deceasedalive on June 11, 1951, and that death occurred at 11:00 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

R.S. Williams M.D.35 Wm. Y. L. N. W. Wash. D.C.6/12/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 13, 1951 James PercyLee Funeral Home - 300 4th N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1951

BURMAN V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

06187

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hyattsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hyattsville</u>	
TOWN <u>Hyattsville</u>		TOWN <u>Hyattsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1448 Kanawha St.</u>		STREET ADDRESS (If rural, give location) <u>1448 Kanawha St.</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Laura Ellen Bremer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-12-1957</u>
9. AGE last birthday <u>2 1/2 mo.</u>		10. If under 1 year Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>List. of Columbia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A.</u>	
13. FATHER'S NAME <u>Irvinch G. Bremer</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ellen Young</u>	
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Father - Same</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Toxemia</u>		
(b) Antecedent cause(s) <u>Broncho pneumonia</u>		
(c) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>6/23/57</u>	<u>St. Vincent Cemetery</u>	<u>Washington DC</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>June 23/57</u>	<u>Mrs. Geo. Severe</u>	<u>Deputy L. Severe</u>	<u>Hyattsville</u>

MAKING RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 25 1951
BUREAU V. S.

Reg. Dist. No. 201

VS A15

18. MEDICAL CERTIFICATION

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial		6/27/51	St. Lincoln	Colmar Manor Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	ADDRESS	
June 26/51	Manda Horney		F. Roschason	Hyattsville Md.	

RECEIVED
JUN 28 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06189

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>PRINCE GEORGES</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD.</u> COUNTY <u>PRINCE GEORGES</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>COTTAGE CITY</u> LENGTH OF STAY (in this place) <u>LIFE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>COTTAGE CITY</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4006 BLADENSBURG RD.</u>		STREET ADDRESS (If rural, give location) <u>4006 BLADENSBURG RD.</u>	
3. NAME OF DECEASED (Type or Print) <u>HENRY</u> (First) (Middle) (Last) <u>CASPARE, JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 18</u> 19 <u>51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 12/1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GARAGE (PROP)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO</u>	9. AGE last birthday <u>67</u> yrs. If under 1 year Moths. Days If under 24 hrs. Hours Mio.
13. FATHER'S NAME <u>FRANK CASPARE</u>		11. BIRTHPLACE (State or foreign country) <u>BALTIMORE MD.</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If year, give year of dates of service) <u>NO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
16. SOCIAL SECURITY No. <u>NONE</u>		14. MOTHER'S MAIDEN NAME <u>HATE PAUSCH</u>	
17. INFORMANT AND ADDRESS <u>HENRY CASPARE, JR. 4006 BLADENSBURG RD. Cottage City MD</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
Immediate cause (a) <u>Bulbar Paralysis - degenerative</u>		INTERVAL BETWEEN ONSET AND DEATH	
Antecedent cause(s) (b) <u>Hypertension - Cardio-renal disease</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>82</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/16, 1940, to 6/18, 1951, that I last saw the deceased alive on 6/18, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE <u>George J. Haggan</u> (Degree or title) <u>Dr.</u>		ADDRESS <u>3717-38th Ave. 6/18/51</u>	
23. BURIAL, CREMATION, OR OTHER (Specify) <u>BURIAL</u>		DATE <u>JUNE 21/1951</u>	
NAME OF CEMETERY OR CREMATORY <u>FORT LINCOLN CEM.</u>		LOCATION (City, town, or county) (State) <u>COLMAR MAR, R. 600 MD.</u>	
DATE REC'D BY LOCAL REG <u>6/18/51</u>		REGISTRAR'S SIGNATURE <u>Amanda Dourney</u>	
24. FUNERAL DIRECTOR <u>W.W. Chambers Co - Riverdale, MD</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1415

290 816

RECEIVED

JUN 20 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

06190

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>(East Pines) Riverdale</u> <u>7 1/2 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>(East Pines) Riverdale</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>5812--64th Avenue</u>		STREET ADDRESS (If rural, give location) <u>5812--64th Avenue</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>FRANK</u> <u>EDWIN</u> <u>COBUN, SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19th, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 19/1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	9. AGE last birthday <u>63</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Pittsburgh, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Cobun</u>		14. MOTHER'S MAIDEN NAME <u>Susie Woollslayer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY No. <u>217-28-8345</u>	
17. INFORMANT AND ADDRESS <u>Frank E. Cobun, Jr. 5812-64th Ave. Riverdale, Md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
Immediate cause (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-19-51.</u>	
420.1 Antecedent cause(s) (b) <u>Arterio - Sclerosis</u>			
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Left Hemiplegic</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March, 1951, to 6/19/, 1951, that I last saw the deceased alive on 6/19/, 1951, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE Robert Ratz, M.D. (Degree or title) ADDRESS 5507 Woodson St., Riverdale, Md. DATE SIGNED 6/19/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>June 20/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Chartiers Cemetery</u>	LOCATION (City, town, or county) (State) <u>Crafton, Penna.</u>
DATE REC'D BY LOCAL REG. <u>June 20 1951</u>		REGISTRAR'S SIGNATURE <u>James Sercy</u>	24. FUNERAL DIRECTOR <u>W.W. Chambers Company</u> ADDRESS <u>Riverdale, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

000716

RECEIVED
JUN 22 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

06191

Reg. Dist. No. 234

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Pr. County	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Muirkirk		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Colmar Manor	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blue Pond		STREET ADDRESS (If rural, give location) 3418 41st Avenue	
3. NAME OF DECEASED (Type or Print)	(First) Lee	(Middle) Ashmore	(Last) Creelman
4. DATE OF DEATH	(Month) June	(Day) 20	(Year) 1951
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 4-27-1934
9. AGE last birthday 17 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student	
11. BIRTHPLACE (State or foreign country) Minnesota		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Oliver E. Creelman		14. MOTHER'S MAIDEN NAME Rose Cromer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Father. 3418 41st Ave., Colmar Manor			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) **Asphyxia**
 Antecedent cause(s) (b) **Drowning**
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY **pond**

TIME (Month) (Day) (Year) (Hour) OF INJURY **6-20-51. 11.05 p.m.** INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR
Drowned while swimming in pond.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) **John D. Maloney, M.D., Dep. Med. Exam.** ADDRESS **Cheverly-Hyattsville** DATE SIGNED **6-21-51**

23. BURIAL, CREMATION, REMOVAL (Specify) **Burial** DATE THEREOF **6/23/51** NAME OF CEMETERY OR CREMATORY **F.F. Lincoln** LOCATION (City, town, or county) (State) **Colmar Manor Md.**

DATE REC'D BY LOCAL REG. **6/22/51** REGISTRAR'S SIGNATURE **Amanda Doney** 24. FUNERAL DIRECTOR **F. Gasche** ADDRESS **some Hyattsville Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 27 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

06192

Reg. Dist. No. 272

1. PLACE OF DEATH- COUNTY Prince George's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY P. G.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Forestville LENGTH OF STAY (If this place) 25 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station Road		STREET ADDRESS (If rural, give location) Brown Station Road	
3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) Elizabeth (Last) Crowdy	4. DATE OF DEATH (Month) 6 (Day) 30 (Year) 51		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH 5/1/78
9. AGE last birthday 73 yrs.		10. If under 1 year Months Days Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gross		14. MOTHER'S MAIDEN NAME Elizabeth Keith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Florence Griffith; Upper Marlboro			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute congestive heart failure		
Antecedent cause(s) (b) Cardiovascular renal disease		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and, from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
July 3-1951	July 3-1951	Lincoln Cemetery	Forestville, Md.	Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
July 3-1951	Harrie E. Campbell	John T. Stewart	30 H. St NE Washington D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1981
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06193

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY <u>Prince George's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt Airy</u> TOWN <u>Mt Airy</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.F.D. #2 Box 160 (LAUREL)</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Prince George's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt Airy</u> TOWN <u>Mt Airy</u> STREET ADDRESS <u>R.F.D. #2 Box 160 (LAUREL)</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Richard Lloyd Darwin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1971</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-18-1975</u>
9. AGE last birthday <u>76</u> yrs.		10. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical Engineer</u>	
11. BIRTHPLACE (State or foreign country) <u>Swirepool, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert Darwin</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>Mo. Ida Darwin</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Acute congestive heart failure</u>			
Antecedent cause(s) (b) <u>Cardiovascular renal disease</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE		ADDRESS	
<u>John D. Maloney, M.D., Dep. Med. Exam. Chverky</u>		<u>Hyattsville Md - 6-25-51</u>	
23. BURIAL, CREMATION RITE (Specify)		DATE THEREOF	
<u>BURIAL</u>		<u>June 27/51</u>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>FOOT LINCOLN CEMETERY</u>		<u>COLMAR MARSH, PR. GEO. MD</u>	
DATE REC'D BY LOCAL REG.		24. FUNERAL DIRECTOR ADDRESS	
<u>June 26-1951</u>		<u>John D. Smith, W.W. Chambers Co - Riverdale MD</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 28 1960
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06194 242

1. PLACE OF DEATH:

County Prince George
 City or town Fairmount Heights
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs.
 Hospital, institution, or street address where death occurred:
700-61" Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Prince George
 City or town Fairmount Heights
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 700-61" Ave.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Patrick Diggs

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Mary Maude Diggs
 6. (c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) July 2, 1899
 8. AGE: Years 52 Months 4 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Upper Marlboro, Md.
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Gabriel Diggs
 13. Birthplace Upper Marlboro, Md.
 14. Maiden name Charlie Tolson
 15. Birthplace Upper Marlboro, Md.

16. Informant Mrs. Maude Diggs
 Address 700-61" Ave.

17. Burial Date thereof 6-19-51
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mc. Olivet
 Location Washington D.C.

18. Funeral director Henry S. Washington
 Address 467-N SE. N.W. D.C.

19. June 16 19 51 Carrie F. Campbell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 51 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22, 1947 to June 16, 1951
 and that I last saw him alive on June 15, 1951

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to Hypertensive Cardio Vas. Dis.

Due to 443X
93d

Other conditions Hemiplegia + Hemorrhage
since 1947
 (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of Injury _____ Injured at work?

23. SIGNATURE

John F. Robinson, M.D. M. D. or other
 Address 1001 Eastern Ave. N.E. Date signed 6/16/51

RECEIVED

RECEIVED

BUREAU V. S.

JUN 19 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

06195

1. PLACE OF DEATH: 249 AUDREY LANE, S.E.-OXON HILL COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Prince Georges	
CITY (If outside corporate limits, write RURAL and OR give nearest town) OXON HILL, Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) OXON HILL, Maryland	
TOWN OXON HILL, Maryland		TOWN OXON HILL, Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 249 AUDREY LANE, S.E.		STREET ADDRESS (If rural, give location) 249 Audrey Lane, S.E. Oxon Hill, Md.	
3. NAME OF DECEASED (Type or Print) STEFEN	(First)	(Middle)	(Last) DINJASKI
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belgrade, Yugoslavia
13. FATHER'S NAME MR.----- DINJASKI		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mr. Feltus Kaufman-1500 Lee Blvd., Arl. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(a) Acute Cardiac Myocarditis

(b) Coronary artery sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

Sudden

years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 1, 1951, to June 6, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at 5:20 A.M. on June 6, 1951, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	DATE THEREOF 6/8/51	NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY	LOCATION (City, town, or county) SUTLAND, MD.	(State)
---	---------------------	---	---	---------

DATE REC'D BY LOCAL REG. June 8, 1951	REGISTRAR'S SIGNATURE Carrie E. Campbell	24. FUNERAL DIRECTOR Martin W. Young Co.	ADDRESS 1300 N. St. Wash, D.C.
---------------------------------------	--	--	--------------------------------

(over)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

vs 1 A15

JUNE 6th, 1951-DR. JAMES I. BOYD, Coroner, Was Notified
And He Will Approve This Certificate.

RECEIVED
JUN 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06473

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Capitol Heights</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Capitol Heights</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges General</u>		STREET ADDRESS (If rural, give location) <u>600-48th Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ida</u>	(Middle)	(Last) <u>Dove</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb 12 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>H. W.</u>	9. AGE last birthday <u>71</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Wash. D. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS	
16. SOCIAL SECURITY No.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Hypertensive Coronary Heart5-10 years

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Not While
m. Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1951, to June 2, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

William Brannin MD6124 Central Ave Capitol Heights Md4/2/51

23. BURIAL, CREMATION OR MOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6/2/51Amanda DourneyW. W. Chambers Co. 517-11th St. S. E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. 8

JUN 6 1961

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06196232
Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Prince Georges'</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Anne Arundel</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>(Rural) Upper Marlboro</u> Transient		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural ((Lothian))</u> STREET ADDRESS <u>Near Upper Marlboro</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Mary</u> <u>Ida</u> <u>Fletcher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>18</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 5, 1920</u>
9. AGE last birthday <u>31</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Benjamin Jones</u>		14. MOTHER'S MAIDEN NAME <u>Mamie Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>1312</u>	
17. INFORMANT AND ADDRESS <u>James H. Jones</u> <u>Lothian, Md. (Brother)</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Acute pulmonary edema</u>		
(b) Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Cardiovascular renal disease</u>		
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>James D. Boyd M.D.</u>		ADDRESS <u>Forestville Md</u>		DATE SIGNED <u>6-18-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6/20/51</u>		NAME OF CEMETERY OR CREMATORY <u>Gollers' Cemetery</u>	
LOCATION (City, town, or county) <u>Drury, Md.</u>		24. FUNERAL DIRECTOR <u>T.A. Hardesty & Son-Galesville, Md.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>June 18 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06197

Reg. Dist. No. 231

1. PLACE OF DEATH- COUNTY Prince George's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE New York COUNTY Bronx	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Upper Marlboro		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN New York	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301		STREET ADDRESS (If rural, give location) 182 West 179 Street	
3. NAME OF DECEASED (Type or Print) Anita		4. DATE OF DEATH (Month) 6 (Day) 4 (Year) 51	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 11, 1921
9. AGE last birthday 29 yrs.		10. BIRTHPLACE (State or foreign country) Germany	
11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Max Hepner		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Elias Frank			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Hemorrhage and shock		
Antecedent cause(s) (b) Crushed skull		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office, etc.) Route 301	(CITY OR TOWN) (COUNTY) (STATE) Upper Marlboro P. G. Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 6 4 51 7:45	INJURY OCCURRED while at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Occupnat of a car that was in a collision

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <i>James D. Boyer</i> M. D.		DATE SIGNED 6/4/51	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 5 June 1951	NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory	LOCATION (City, town, or county) (State) Suitland, Md.
DATE REC'D BY LOCAL REG 6/5/51	BERNSTRA'S SIGNATURE <i>Amanda Dourney</i>	24. FUNERAL DIRECTOR H. Mascho Sons	ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1004899

RECEIVED
JUN 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06198

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brentwood</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George Gen Hosp</u>		STREET ADDRESS (If rural, give location) <u>3900-39th Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Theresa Elizabeth Gibbons</u>		4. DATE OF DEATH <u>June 3 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 9, 1861</u>
9. AGE last birthday <u>90</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>in own home Penn.</u>	
11. BIRTHPLACE (State or foreign country) <u>Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Hawks</u>		14. MOTHER'S MAIDEN NAME <u>Ann Lahey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY No. <u>(Illegible)</u>	
17. INFORMANT AND ADDRESS <u>Anna Gibbons 3900-39th St.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Hypertensive Cardio-Vascular Disease10 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Apr. 13, 1951, to June 2, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/6/51</u>	<u>Cathedral Cemetery</u>	<u>Deranton</u>	<u>Pd.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6/4/51</u>	<u>Amanda Downey</u>	<u>Nalley's Funeral Home</u>	<u>3200-R.I. Ave. Mt. Rainier, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06199

Reg. Dist. No. 231

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cherry</u> TOWN <u>Cherry</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges Gen. Hosp.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince Georges</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>College Park</u> TOWN <u>College Park</u> STREET ADDRESS (If rural, give location) <u>9703-48th Place</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Gormley</u> (Middle) <u>John</u> (Last) <u>William</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>25</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-13-14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Specialist work</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>46</u> yrs. If under 1 year Months Days If under 24 hrs Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>William D. Gormley</u>		14. MOTHER'S MAIDEN NAME <u>Sara Bell Robinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>Brother - 1218 Saratoga Ave. Wash. D.C.</u>	
17. INFORMANT AND ADDRESS <u>James R. Gormley</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816.5 Immediate cause (a) Tetanus
 Antecedent cause(s) (b) Generalized peritonitis
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Rupture of jejunum
 1702

11. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Street</u>	(CITY OR TOWN) <u>College Park - Pr. Geo. - Md.</u>	(COUNTY) <u>Pr. Geo.</u>	(STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>6-22-51-5:10 P.m.</u>	INJURY OCCURRED White at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Driving an automobile which collided with rear of a truck</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>July 2, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Arlington Cemetery</u>	LOCATION (City, town, or county) (State) <u>Arlington Va.</u>
DATE REC'D BY LOCAL REG. <u>June 29 1957</u>	REGISTRAR'S SIGNATURE <u>Amanda Downey</u>	24. FUNERAL DIRECTOR <u>Gasch some Hyattsville Md</u>	ADDRESS

1957

591000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

06200

1. PLACE OF DEATH COUNTY Prince Georges		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE D. C. COUNTY -	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Glenn Dale (Rural)		LENGTH OF STAY (in this place) 13 yrs., and 20 days.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS (If rural, give location) 3029 13th St., N. W.			
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES		E.		GRAY	6 24 1951
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10/28/1881	9. AGE last birthday 69 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger		10b. KIND OF BUSINESS OR INDUSTRY US Government	11. BIRTHPLACE (State or foreign country) State of Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James W. Gray			14. MOTHER'S MAIDEN NAME Annie C. Piper		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No -		16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Decedent		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pulmonary Tuberculosis, Far Advanced

INTERVAL BETWEEN ONSET AND DEATH

21 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 4, 1938, to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

Glenn Dale Sanatorium

DATE SIGNED

6/24/51

23. BURIAL OR CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
6/24/51				Washington	D.C.
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
6/24/51		Helen Weiss		The Mc Brinn Funeral Service, 1800, 9th St. N.W.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06201232

1. PLACE OF DEATH- COUNTY <u>Pr. Geo</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Upper Marlboro</u> TOWN <u>Upper Marlboro</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Pr. Geo</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Upper Marlboro, Md</u> TOWN <u>Upper Marlboro</u> STREET ADDRESS <u>Dr Wells Corner</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Susan</u> (Middle) <u>Elizabeth</u> (Last) <u>Hall</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>12</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Own Home</u>	8. DATE OF BIRTH <u>Mar 10, 1921</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>80</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John H Bowling</u>		14. MOTHER'S MAIDEN NAME <u>Christiana J. Plummer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Miss Suzanne Hall (daughter)</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral Arteriosclerosis</u>		<u>unk</u>
Antecedent cause(s) (b) <u>334X 97</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to 12 June, 1951, that I last saw the deceased alive on 12 June, 1951, and that death occurred at 10:20 m., from the causes and on the date stated above.

SIGNATURE <u>R B Bassner</u>	(Degree or title) <u>M.D.</u>	ADDRESS <u>Upper Marlboro Md</u>	DATE SIGNED <u>12 June 51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>June 14/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Carmel</u>	LOCATION (City, town, or county) (State) <u>Upper Marlboro, Md.</u>
DATE REC'D BY LOCAL REG. <u>June 13/1951</u>	REGISTRAR'S SIGNATURE <u>R B Bassner</u>	24. FUNERAL DIRECTOR <u>Ritchie Bros. Upper</u>	ADDRESS <u>Marlboro, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06202

CERTIFICATE OF DEATH

Reg. Dist. No. *245*

1. PLACE OF DEATH COUNTY <i>Prince George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Prince George</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Takoma Park</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Takoma Park</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>319 Elm Avenue</i>		STREET ADDRESS (If rural, give location) <i>319 Elm Avenue</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>OLIVE</i>	(Middle) <i>FANNY</i>	(Last) <i>HARDISTY</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>August 21, 1882</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>England</i>
13. FATHER'S NAME <i>William Morris White</i>		14. MOTHER'S MAIDEN NAME <i>Mary ?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		17. INFORMANT AND ADDRESS <i>Edward J. Hardisty, 319 Elm Ave. Tak Park. Md</i>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (a) <i>Acute coronary thrombosis</i> (b) <i>Arteriosclerotic hypertensive heart disease</i> (c) <i>Myocardiose</i>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/19*, 19*44*, to *June 6, 1951*, that I last saw the deceased alive on *May 19*, 19*51*, and that death occurred at *7 A.* m., from the causes and on the date stated above.

SIGNATURE <i>J. Courtney Mc</i>	DATE THEREOF <i>June 8, 1951</i>	NAME OF CEMETERY OR CREMATORY <i>York Cemetery</i>	LOCATION (City, town, or county) (State) <i>Hyattsville, D.C. Md.</i>
DATE REC'D BY LOCAL REG. <i>June 6, 1951</i>	REGISTRAR'S SIGNATURE <i>James S. Sney</i>	24. FUNERAL DIRECTOR <i>J. Arthur Walters</i>	ADDRESS <i>254 Carroll St. NW Washington, D.C.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

La James Boyd notified by me on June 6/5, at 7³¹ AM
& approved the certificate

J. H. H. H. H.

BUREAU V. S.

JUN 7 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06203

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Colmar Manor</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Colmar Manor</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4300 Newark Road</u>		STREET ADDRESS (If rural, give location) <u>4300 Newark Road</u>	
3. NAME OF DECEASED (Type or Print) <u>CATHERINE SARAH HEFFNER</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>30th</u> , (Year) <u>1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18/1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>	9. AGE last birthday <u>57</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Mechanicsburg, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Kimmel</u>		14. MOTHER'S MAIDEN NAME <u>Mary Swanler</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>218-10-2530</u>	
(If year, give war or dates of service) <u>none</u>		17. INFORMANT AND ADDRESS <u>George W. Heffner, 4300 Newark Rd., Colmar Manor, Md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
Immediate cause		(a) <u>Acute Coronary Occlusion</u>	
Antecedent cause(s)		(b) <u>Arteriosclerotic Heart Disease</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) <u>Arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>None</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6/23/51, 1951, to 6/23, 1951, that I last saw the deceased alive on 6/23/51, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE W. W. Chambers (Degree or title) ADDRESS 1150 Conn. Ave. N.W. Washington D.C. DATE SIGNED 6/30/51

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>July 2/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Trindle Springs</u>	LOCATION (City, town, or county) <u>Mechanicsburg, Penna.</u>
DATE REC'D BY LOCAL REG. <u>7/1-51</u>	REGISTRAR'S SIGNATURE <u>Amanda Downey</u>	24. FUNERAL DIRECTOR <u>W.W. Chambers Company, Riverdale, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

290679

6/30.57

Carover notified and will
approve —

Wick-Hughes



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

06204

Reg. Dist. No. 205

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>College Park</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>College Park</u>	
TOWN <u>College Park</u>		TOWN <u>College Park</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cammy Drinker Park</u>		STREET ADDRESS (If rural, give location) <u>Cammy Drinker Park</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Clarence</u> (Middle) <u>Rhodes</u> (Last) <u>Hiltbrich</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>13</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-10-1882</u>
9. AGE last birthday <u>68</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freight dealer</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Rhodes Hiltbrich</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Rhodes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>11-10-1882</u>	
17. INFORMANT AND ADDRESS <u>Mary J. Hiltbrich (Same)</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Acute congestive heart failure</u>		
Antecedent cause(s) (b) <u>Cardiovascular renal disease</u>		
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Coronary sclerosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
SIGNATURE <u>John J. Maloney M.D. Dep. Med. Exam. Chevy Chase, Md.</u>		DATE SIGNED <u>6-14-57</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>16 June 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Baltimore Cemetery</u>
LOCATION (City, town, or county) (State) <u>Baltimore, Balto Co., Md.</u>	24. FUNERAL DIRECTOR <u>Herman Funeral Home - Baltimore, Md.</u>	
DATE REC'D BY LOCAL REG. <u>June 14 1957</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jas. Severed Deputy</u>	ADDRESS <u>(Same)</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

201609

RECEIVED
JUN 18 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

06205

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges General</u>		STREET ADDRESS (If rural, give location) <u>6115 Arbor Street</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<u>Lena B. Zinegardner</u>		<u>June 8 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>July 11, 1885</u>
9. AGE last birthday <u>65</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>W</u>	11. BIRTHPLACE (State or foreign country) <u>Prussia</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>W</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>W</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Richard L. Myers</u>		14. MOTHER'S MAIDEN NAME <u>Madgalene Kagy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT <u>Guy Zinegardner</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

May 4 to June 8 1951

Antecedent cause(s)

(b)

Myocardial changes & old

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

HypertensionII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF injury bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1951 to June 8, 1951, that I last saw the deceased alive on June 7, 1951 and that death occurred at 4:05 P.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 1954
BUREAU V. S.
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

06206

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>P. G.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Nyattsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George General Hospital</u>		STREET ADDRESS (If rural, give location) <u>4112 Gallatin St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Maurice</u> (Middle) <u>NAMES</u> (Last) <u>BROWN</u>	4. DATE OF DEATH	(Month) <u>June</u> (Day) <u>23</u> (Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 27, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <u>Retired Chief Representative</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>76</u> yrs. If under 1 year Months Days Hours Mln.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wm Little Hoffman</u>		14. MOTHER'S MAIDEN NAME <u>Helena Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Grace M. Hoffman Nyattsville Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause <u>(a) Cerebral Thrombosis with cyst of left internal capsule</u>		
Antecedent cause(s) <u>(b) Coronary Arteriosclerotic heart disease & mild failure</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>(c) Generalized Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death <u>(a) Nephrosclerosis, arteriolar. (b) Cholelithiasis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19, 1951, to 6-23, 1951, that I last saw the deceased alive on 6-22, 1951, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE W.D. Rainier ADDRESS Mt. Rainier Md DATE SIGNED 6-23-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6/25/51</u>	NAME OF CEMETERY OR CREMATORY <u>Red Capital Park Cemetery</u>	LOCATION (City, town, or county) <u>Murksuk Md</u>
DATE REC'D BY LOCAL REG. <u>6-24-51</u>	REGISTRAR'S SIGNATURE <u>Amanda Downey</u>	24. FUNERAL DIRECTOR <u>F. Gasche sons</u>	ADDRESS <u>Nyattsville Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06207

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Landover</u> TOWN <u>Landover</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Landover</u> TOWN <u>Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Margaret James</u>		4. DATE OF DEATH <u>June 27</u> 19 <u>51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dressmaker</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>87</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>Johnson</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Mary Chisley</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral Hemorrhage</u>		<u>5 days</u>
Antecedent cause(s) (b) <u>Hyper Tension. Hyper Tension</u>		<u>?</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Cardio-vascular Disease</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1948 to June 27, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE <u>H. E. Belden, M.D.</u>	(Degree or title)	ADDRESS <u>4423-HUNT-PL. NE, Washington, D.C.</u>	DATE SIGNED <u>6-27-51</u>
23. BURIAL, CREMATION OR REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>6-27-51</u>	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) <u>13-22 Wash. D.C.</u>
DATE REC'D BY LOCAL REG. <u>6-27-51</u>	REGISTRAR'S SIGNATURE <u>Amanda Sawney</u>	24. FUNERAL DIRECTOR <u>A. N. Barton</u> <u>1322 U St NW, Wash. D.C. 690948</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Thomas White Co.

RECEIVED

JUL 1 1951

BUREAU V. S.

Thomas W. White
J. H. White
J. H. White

Shaw

Thorn

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06208

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges General</u>		STREET ADDRESS (If rural, give location) <u>5605 Lureds Rd.</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last) <u>Jenkins</u>		(Month) (Day) (Year) <u>June 14, 1951</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Wh.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>June 13, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Newborn</u>	9. AGE last birthday <u>18</u> yrs. If under 1 year Months Days Hours Mip.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Mr. Billie S. Jenkins</u>		14. MOTHER'S MAIDEN NAME <u>Patricia Turpin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 13, 1951, to June 14, 1951, that I last saw the deceased alive on June 14, 1951, and that death occurred at 4:18 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURYAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Removal</u>	<u>6/16/51</u>	<u>Prince Georges General Hospital</u>	<u>Chesley, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6/19/51</u>	<u>Amanda Dourney</u>	<u>Harvey W. Pennington</u>	<u>1220</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUN 22 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06209

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY <u>PRINCE GEORGES</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>PRINCE GEORGES</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>R.F.D. - LANHAM</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>R.F.D. - LANHAM (SEABROOK)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>SEABROOK</u> <u>LANHAM-SEVERN ROAD</u>		STREET ADDRESS <u>LANHAM-SEVERN RD</u>	
3. NAME OF DECEASED (Type or Print) <u>LINDA</u> (First) <u>SUE</u> (Middle) <u>JOHNSTON</u> (Last)		4. DATE OF DEATH <u>JUNE 4</u> (Month) <u>1951</u> (Year)	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>DEC. 2/1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE last birthday <u>3</u> yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.
13. FATHER'S NAME <u>ARTHUR THOMAS JOHNSTON</u>		14. MOTHER'S MAIDEN NAME <u>MARY ADELAIDE JOHNSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If year, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>ARTHUR T. JOHNSTON - R.F.D. LANHAM MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <u>752X Antecedent cause(s)</u>		(a) <u>Cerebral Compression</u>		<u>several weeks</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) <u>Hydrocephalus</u>		<u>since birth</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July, 1949, to June 4, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 12 NOON m., from the causes and on the date stated above.

SIGNATURE <u>Dorothy D. Walth</u>		(Degree or title) <u>MD</u>		ADDRESS <u>5304 Annapolis Rd Hyattsville Md</u>		DATE SIGNED <u>6-5-51</u>	
23. BURIAL, CREMATION, REINTERMENT <u>BURIAL</u>		DATE <u>JUNE 7/51</u>		NAME OF CEMETERY OR CREMATORY <u>FORT LINCOLN CEM.</u>		LOCATION (City, town, or county) (State) <u>COLMAR MARINE, P.O. Co. MD</u>	
DATE REC'D BY LOCAL REG. <u>JUNE 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Carrie F. Campbell</u>		24. FUNERAL DIRECTOR <u>W.W. CHAMBERS Co - Riverdale Md</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06210 245

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>RIVERDALE, Md.</u> TOWN <u>Riverdale, Md.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eugene Leland Memorial</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Prince George</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cedar Valley Md.</u> TOWN <u>Cedar Valley Md.</u> STREET ADDRESS (If rural, give location) <u>5209 Valley Rd. S.E. Wash. 20, D.C.</u>	
3. NAME OF DECEASED (Type or Print) <u>Getzy</u> (First) <u>Virginia</u> (Middle) <u>Kellam</u> (Last)	4. DATE OF DEATH <u>June</u> (Month) <u>8</u> (Day) <u>1951</u> (Year)	5. SEX <u>Female</u> 6. COLOR OR RACE <u>WHITE</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> 8. DATE OF BIRTH <u>3/19/82</u> 9. AGE last birthday <u>69</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>N. Carolina</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Walsh Orrrell</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Everpa Hughes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>GAYLORD H. KELLAM 5209 Valley Rd. - Wash. 20, D.C.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Thrombosis

Antecedent cause(s)

(b)

General Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 54, 1954 to June 8, 1951, that I last saw the deceased

alive on Jan 7, 1951, and that death occurred at 7:00 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION

REGISTRY (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 8, 1951

Mrs. Jas. Severe

W.W. Chambers Co - Riverdale Md
(Deputy Social)

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06211

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince George Co.City or town Branwynn
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

EdwardKelly

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife

Ella Kelly

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

56

hrs.

min.

9. Birthplace

Washington DC
(Town, county, and state)

10. Usual occupation

black navy yard

11. Industry or business

FATHER

12. Name

Thomas B. Kelly

13. Birthplace

Wash. D.C.

14. Maiden name

MARGARET DOES

15. Birthplace

Va.

18. Informant

Margaret Darnig

Address

Cavalier Cpts Wash DC

17. (Burial) cremation, or removal. Which?

Date thereof

June 23-1951
(month) (day) (year)

Cemetery or crematory

Cedar Hill

Location

Suitland Md.

18. Funeral director

Timothy Hamilton

Address

641-14-St. N. E.

19.

6/21

19. 51

Amanda Downey

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State MARYLAND County Prince GeorgeCity or town Branwynn Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19. 51 at 11:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug19. 46to June 2019. 51and that I last saw him alive on June 20 19. 51

Immediate cause of death

Arteriosclerotic heart disease

DURATION

10 years

Due to

420.0

Due to

Other conditions

93d

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Angene Cole MD.

M. D. or other

Address

639 E. Capitol

Date signed

June 21 51

RECEIVED
JUL 11 1958
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06212

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges
City or town Farmersville - Washington 1900
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 weeks
Hospital, institution, or street address where death occurred:
5403 Pine St SE Washington 1900
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Penn. County Susquehanna
City or town Great Bend
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main Street
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Robert Edmund Knoeller

3. (b) Social Security Number

199094709

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Grace Stephens Knoeller

7. Birth date of deceased (mo., day, yr.) Jan 21 1892 6.(c) If alive, give age 59 years

8. AGE: Years 59 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Hallstead, Penna.
(Town, county, and state)

10. Usual occupation Contractor and Builder

11. Industry or business Retired - Self Employed

12. Name Charles E. Knoeller

13. Birthplace Brooklyn, New York

14. Maiden name Sarah Burdell

15. Birthplace Penna. (So. Auburn)

16. Informant Mrs Edward L. Teed (Sister)

Address 5403 - Pine St, Washington 1900

17. Burial, cremation, or removal. Which? Burial Date thereof June 10 1951
(month) (day) (year)

Cemetery or crematory Rose Hill

Location Hallstead, Pa. Tuttle

18. Funeral director Ritchie Bros Funeral Home

Address Upper Marlboro, Md.

19. June 7 - 19 51 Edna Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1951 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1951 to June 7 1951

and that I last saw him alive on June 6 1951

Immediate cause of death Acute Corboretive

Heart failure

Due to Compensation of

Prostate with

metastases

Other conditions Secondary

anemia

(Include pregnancy within 3 months of death)

Major findings of operations 51

Date of op. 51

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Natural Cause

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Paul E. Van Hatten M. D. certifying

Address Washington 1900 Date June 7 1951

MARGIN RESERVED FOR BINDING

VS A15 9-15-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 246

4309
Farragut

1. PLACE OF DEATH COUNTY <u>PRINCE GEORGE</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>WASHINGTON</u> COUNTY <u>D.C.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>HYATTSVILLE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>WASHINGTON D.C.</u>	
TOWN <u>HYATTSVILLE</u>		TOWN <u>WASHINGTON D.C.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HYATTSVILLE CONVALESCENT HOME</u>		STREET ADDRESS (If rural, give location) <u>200 WALNUT ST. N.W.</u>	
3. NAME OF DECEASED (Type or Print) <u>Carrie Parker La Roche</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug. 8, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Culpeper, Va.</u>
13. FATHER'S NAME <u>Honace Parker</u>		14. MOTHER'S MAIDEN NAME <u>Georgianna Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY No. <u>None</u>	17. INFORMANT AND ADDRESS <u>Elizabeth L. Campbell - Daughter</u>

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Hypertensive and arteriosclerotic</u>		
Antecedent cause(s) (b) <u>Heart disease</u>		<u>10 yr.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>C.V.A.</u>		<u>1 mo.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1951, to 6-23, 1951, that I last saw the deceased alive on 6-23, 1951, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 25 1951 James S. Chambers Co. 517-11th St SE Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06214

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH, COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED, STATE <u>Maryland</u> COUNTY <u>P.G.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Boulevard Heights District</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Boulevard Heights</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4800 W</u>		STREET ADDRESS (If rural, give location) <u>4802 W</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Bessie</u> (Middle) <u>Leban</u> (Last) <u>Leban</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 22/84</u>
9. AGE last birthday <u>67</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mary Kernal</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Intra Cranial hemorrhage</u>		
260X Antecedent cause(s) (b) <u>Cardiovascular renal disease</u>		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hypertension</u>		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>June 19/51</u>	NAME OF CEMETERY OR CREMATORY <u>Washington National</u>	LOCATION (City, town, or county) (State) <u>Suitland, Maryland</u>
DATE REC'D BY LOCAL REG. <u>June 17-51</u>	REGISTRAR'S SIGNATURE <u>Carrie F. Campbell</u>	24. FUNERAL DIRECTOR <u>W.W. CHAMBERS CO., 517 11th St., S.E.</u> <u>Wash., D.C.</u>	

CONFIDENTIAL

RECEIVED
JUN 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06215 232

1. PLACE OF DEATH- COUNTY <u>P.B.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Upper Marlboro</u> TOWN <u>Upper Marlboro</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Ind</u> COUNTY <u>P.B.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Upper Marlboro</u> TOWN <u>Upper Marlboro</u> STREET ADDRESS (If rural, give location) <u>1 1/2 mi north - Forge Rd</u>	
3. NAME OF DECEASED (First) <u>Margaret</u> (Middle) <u>Oculia</u> (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>15 Sept 1918</u>
9. AGE last birthday <u>32</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Hewitt</u>		14. MOTHER'S MAIDEN NAME <u>Purcell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Frank Lewis</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cachexia

INTERVAL BETWEEN ONSET AND DEATH

3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac Failure1 mos.(c) Chronic Pulm. Tuberculosis6 mos +

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 20 May, 1951, to 14 June, 1951, that I last saw the deceasedalive on 1 June, 1951, and that death occurred at 1202 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		DATE THEREOF <u>JUNE 14-1951</u>		NAME OF CEMETERY OR CREMATORY <u>Washington Nat'l</u>		LOCATION (City, town, or county) <u>Switland Rd., Wash. D.C.</u>		(State)	
DATE REC'D BY LOCAL REG. <u>June 14, 1951</u>		REGISTRAR'S SIGNATURE <u>R. G. Smith</u>		FEDERAL DIRECTOR <u>W. W. Chambers</u>		ADDRESS <u>C. 517-11 14 ST. SE Wash. D.C.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

BUREAU V. S.

JUN 18 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06216
Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY <u>Prince George Co.</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MARYLAND</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Riverdale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Greenbelt</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eugene Leland Memorial</u>		STREET ADDRESS (If rural, give location) <u>56 D Ridge Rd.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>John</u> (Middle) <u>DAVID</u> (Last) <u>Link</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/19/51</u>
9. AGE last birthday <u>159</u> yrs.		10. If under 1 year: Months <u>1</u> Days <u>17</u> If under 24 hrs: Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Riverdale</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Edwin Roosevelt Link</u>		14. MOTHER'S MAIDEN NAME <u>KATHRYN MARY FISHER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Respiratory Failure

Antecedent cause(s)

(b)

Pneumonia

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/19, 1951, to 6/20, 1951, that I last saw the deceased

alive on 6/20, 1951, and that death occurred at 1:30 A.M., from the causes and on the day stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William M. Essner M.D.

30 B Ridge Rd. Greenbelt, Md

6/20/51

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/21/51</u>	<u>Fort Lincoln Cemetery</u>	<u>Belmar Manor, Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 21, 1951</u>	<u>James Severy</u>	<u>Waller's Funeral Home, Inc.</u>	<u>3200 N. J. Ave., Mt. Rainier, Md.</u>	

206191415311

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

06217

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE California COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6645-Walton Mill Rd		STREET ADDRESS 426-Oakland Ave	
3. NAME OF DECEASED (Type or Print) (First) Elise (Middle) Littleton (Last) Lompre		4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1957	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9/13/01
9. AGE last birthday 49 yrs.		10. If under 1 year Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) Richmond, Va		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Murphy		14. MOTHER'S MAIDEN NAME Ariel Vaughn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Alicia Caval			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute congestive heart failure		
Antecedent cause(s) (b) Rheumatic heart disease		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE James J. Boyd M.D. Forestville, Md.		DATE SIGNED 6-28-57	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 30 June 1957	NAME OF CEMETERY OR CREMATORY A.D. Mc Donald Funeral Home	LOCATION (City, town, or county) (State) Vallejo Calif.
DATE REC'D BY LOCAL REG. 6/30/57	REGISTRAR'S SIGNATURE Amadeus Davis	24. FUNERAL DIRECTOR F. D. Davis Sons	ADDRESS Hyattsville, Md.
Carrie J. Campbell			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jo 99082

RECEIVED
JUL 6 1951
BUREAU A. I.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06218

Reg. Dist. No. *245*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Montgomery	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hyattsville		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Silver Springs	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 Ager Road		STREET ADDRESS (If rural, give location) 2110 Hildarose Drive	
3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Louis (Last) Lutz		4. DATE OF DEATH (Month) June (Day) 3 (Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single	8. DATE OF BIRTH 2-23-1948
9. AGE last birthday 3 yrs.		10. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXXXXXX		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX	
11. BIRTHPLACE (State or foreign country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Richard L. Lutz		14. MOTHER'S MAIDEN NAME Evelyn Quinnan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXXXXXX		16. SOCIAL SECURITY No. XXXXXXXXXX	
17. INFORMANT AND ADDRESS Richard Lutz, 2110 Hildarose Drive		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Toxemia			
Antecedent cause(s) (b) Broncho-pneumonia			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS "Spasticity due to kernicterus due to Conditions contributing in the death but not related to the disease or condition causing death. erythroblastosis foetalis.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <i>John J. Maloney</i>		DATE SIGNED	
Dep. Med. Examiner, Cheverly-Hyattsville, Md. 6-3-51			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 6/4/1951	NAME OF CEMETERY OR CREMATORY St. Lincoln	LOCATION (City, town, or county) (State) Colmar Manor Md
DATE REC'D BY LOCAL REG June 4, 1951	REGISTRAR'S SIGNATURE <i>James Dwyer</i>	24. FUNERAL DIRECTOR E. Paschke Sons Hyattsville Md	ADDRESS

VS. A15A

BUREAU V. S.

JAN 6 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06219

Reg. Dist. No. *ms*

1. PLACE OF DEATH COUNTY <i>Prince George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Prince George</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Hyattsville Md</i> LENGTH OF STAY (in this place) <i>16 years</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Hyattsville Md</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <i>405 Ogletrope st</i>	
3. NAME OF DECEASED (First) <i>MARIE</i> (Middle) <i>JAY</i> (Last) <i>MAC CARTEE</i>		4. DATE OF DEATH (Month) <i>June</i> (Day) <i>27</i> (Year) <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>unmarried</i>	8. DATE OF BIRTH <i>6/1/1863</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	9. AGE last birthday <i>88</i> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Jay Greenwood Wilson</i>		14. MOTHER'S MAIDEN NAME <i>Kate Salter</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or service)		16. SOCIAL SECURITY No. <i>none</i>	
17. INFORMANT <i>Robert Mac Cartee Hyattsville Md</i>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <i>Cardiac dilatation</i>		
Antecedent cause(s) (b) <i>General debility</i>		
(c) <i>None</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>		
19a. DATE OF OPERATION <i>✓</i>	19b. MAJOR FINDINGS OF OPERATION <i>✓</i>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <i>✓</i>	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY <i>✓</i>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 1, 1951*, to *June 28, 1957*, that I last saw the deceased alive on *6/28, 1957*, and that death occurred at *7:30 A* m., from the causes and on the date stated above.

SIGNATURE *Gay W. Bateman MD* (Degree or title) ADDRESS *6/27-51* DATE SIGNED

23. BY RIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>6/29/57</i>	NAME OF CEMETERY OR OREMATORY <i>Arlington National</i>	LOCATION (City, town, or county) <i>Arlington Va</i>	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>June 28, 1957 James Leroy</i>		24. FUNERAL DIRECTOR <i>F. Caschi's son Hyattsville Md</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 06220
 745

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Windsor</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bethryn</u>	
TOWN <u>Windsor</u>		TOWN <u>Bethryn</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Selma Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>Canary Trailer Park</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Jeannie</u>	(Middle) <u>Mackrell</u>	(Last) <u>Mackrell</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>20</u>	(Year) <u>1971</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 23, 1890</u>
9. AGE last birthday <u>61</u> yrs.	If under 1 year Months Days	If under 24 hrs Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>NO</u>	
13. FATHER'S NAME <u>John Mackrell</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Nelson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT AND ADDRESS <u>Mary Elizabeth Nichols - Canary Trailer Camp - Bethryn</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock
 Antecedent cause(s) (b) Crushed chest & pelvis, fractured skull & legs
 Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Automobile accident

11. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Street</u>	(CITY OR TOWN) <u>Bethryn</u>	(COUNTY) <u>Prince Georges</u>	(STATE) <u>MD</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>6-20-51 11:05 p.m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Struck by automobile while crossing street</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION OR DISPOSAL (Specify) <u>Burial</u>	DATE THEREOF <u>6/23/51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Lincoln</u>	LOCATION (City, town, or county) <u>Calmar Manor Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>June 22, 1951</u>	REGISTRAR'S SIGNATURE <u>Mo. Jas. Gervese</u>	24. FUNERAL DIRECTOR <u>F. Pasche son - Hyattsville Md</u>	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06221

Reg. Dist. No. 245

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL, and give nearest town) <u>Colman Manor</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Colman Manor</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4213 Newton St.</u>		STREET ADDRESS <u>4213 Newton Street</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Arvo</u> (Middle) <u>Lee</u> (Last) <u>Madison</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>8</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-15-1880</u>
9. AGE last birthday <u>71</u> yrs.		10. AGE last birthday If under 1 year Months Days If under 24 hr Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-9.</u>	
13. FATHER'S NAME <u>James R. Derrell</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Rathliff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Walter H. Madison - Same - Son</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Acute congestive heart failure</u>		
443X Antecedent cause(s) (b) <u>Hypertensive heart disease</u>		
93d Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Essential hypertension</u>		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, or office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>John D. Maloney, M.D., Dep. Med. Exam., Chevy Chase, Hyattsville, Md.</u>		DATE SIGNED <u>6-9-57</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6/11/57</u>	NAME OF CEMETERY OR CREMATORY <u>St. Lincoln</u>	LOCATION (City, town, or county) <u>Colman Manor Md.</u>
DATE REC'D BY LOCAL REG. <u>June 11, 1957</u>	REGISTRAR'S SIGNATURE <u>James Leroy</u>	24. FUNERAL DIRECTOR <u>J. Kasche son Hyattsville Md.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06222

Reg. Dist. No. 234

1. PLACE OF DEATH COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Alto Keele</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Alto Keele</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Annie</u> (Middle) <u>L.</u> (Last) <u>Mahoney</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>24</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>73</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>Augustus Lancaster</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Lancaster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Heart Disease</u>		<u>6 mos</u>
Antecedent cause(s) (b) <u>Hypostatic Pneumonia</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hypertensive Cardiovascular Renal Disease</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to June, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE Dr. Marcus W. Moore Sr. (Degree or title) ADDRESS Indian Head, Md. DATE SIGNED 6/28/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6-28-51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Mary's Catholic</u>	LOCATION (City, town, or county) (State) <u>Piscataway Pk. Md.</u>
DATE REC'D BY LOCAL REG. <u>6-27-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Alton Harris</u>	24. FUNERAL DIRECTOR <u>Barnes & Matthews</u>	ADDRESS <u>614 1/2 S. Severn Rd.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06223

Reg. Dist. No. *245*

1. PLACE OF DEATH- COUNTY <i>Prince George County</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>MARYLAND</i> COUNTY <i>Prince George</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>HYATTSVILLE</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>HYATTSVILLE</i>	
TOWN <i>HYATTSVILLE</i>		TOWN <i>HYATTSVILLE</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>6015 - 43rd AVE</i>		STREET ADDRESS (If rural, give location) <i>6015 - 43rd AVE.</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>Richard</i>	(Middle) <i>Bambrose</i>	(Last) <i>McKay</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, OR WIDOWED, DIVORCED. (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Sept 3, 1868</i>
9. AGE last Birthday <i>83</i> yrs.		10. DATE OF DEATH <i>June 7, 1951</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	
11. BIRTHPLACE (State or foreign country) <i>ST. MARY'S COUNTY MARYLAND U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY No. <i>none</i>	
17. INFORMANT <i>SON</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Cerebral Thrombosis*

332X Antecedent cause(s)
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *Senility*

(c) *Generalized Atherosclerosis*

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

NONE

NONE

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, or office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *5-31*, 19*51*, to *6-7*, 19*51*, that I last saw the deceased

alive on *6/7*, 19*51*, and that death occurred at *11:05 P* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<i>Burial</i>	<i>6/11/51</i>	<i>Trinity Episcopal Cemetery</i>	<i>St. Marys City</i>	<i>MD</i>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<i>June 8, 1951</i>	<i>James Sevey</i>	<i>F. B. & Sons</i>	<i>Hyattsville Md</i>	

690358

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A13

RECEIVED
JUN 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06224

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Wildercrest		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Wildercrest	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) Good Luck Road	
3. NAME OF DECEASED (First) (Middle) (Last) REESE McLEOD		4. DATE OF DEATH (Month) (Day) (Year) June 26, 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/16/1878
9. AGE last birthday 73 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Contractor	10b. KIND OF BUSINESS OR INDUSTRY Own business	9. AGE last birthday 73 yrs.
11. BIRTHPLACE (State or foreign country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Robert Mc-Leod		14. MOTHER'S MAIDEN NAME Christina Monroe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Frances McLeod Wildercrest Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 4, 1946, to June 26, 1951, that I last saw the deceased

alive on June 26, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial	DATE THEREOF 6/30/51	NAME OF CEMETERY OR CREMATORY St. Lincoln	LOCATION (City, town, or county) Colmar Manor Md	(State)
DATE REC'D BY LOCAL REG. June 28/51	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F. Busch	ADDRESS Hyattsville Md	

290946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **06225 745**

1. PLACE OF DEATH- COUNTY Prince George MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Prince George COUNTY md.	
CITY (If outside corporate limits, write nearest town) TOWN Riverdale, Md.		CITY (If outside corporate limits, write nearest town) TOWN Laurel	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4408 26 consulting Rd. Leland Memorial Hosp		STREET ADDRESS (If rural, give location) 938 Montgomery Rd.	
3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) Lee (Last) Mullican		4. DATE OF DEATH (Month) (Day) (Year) 6-23-51 19 51	
5. SEX F	6. COLOR OR RACE Cauc	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 4-14-1872 79 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hsurf.		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE last birthday If under 1 year Months Days Hours Min. 79 yrs.
11. BIRTHPLACE (State or foreign country) Montgomery Co. Md		12. CITIZEN OF WHAT COUNTRY USA.	
13. FATHER'S NAME Somerville Harding		14. MOTHER'S MAIDEN NAME Susan Jane Tucker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY No. Hosp Chart	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Congestive Heart Failure		15 days
Antecedent cause(s) (b) arteriosclerotic Heart Disease		15 days
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General arteriosclerosis		undetermined
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychitis		15 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 8, 1951**, to **June 23, 1951**, that I last saw the deceased alive on **June 22, 1951**, and that death occurred at **3:12 a.m.** from the causes and on the date stated above.

SIGNATURE **L W Mullican MD** (Degree or title) ADDRESS **Riverdale Md** DATE SIGNED **6-23-51**

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 26, 1951	St. Will Cemetery	Laurel, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 25-51	James Severy	St. W. McDonald	Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 29 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06226

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Montgomery</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Riverdale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Spencerille</u>	
TOWN <u>Riverdale</u>		TOWN <u>Spencerille</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eugene Heland Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Lorraine</u>	(Middle) <u>Kay</u>	(Last) <u>Nelson</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>Cauc</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-12-48</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>2</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Riverdale Md</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Clifford Dean Nelson</u>		14. MOTHER'S MAIDEN NAME <u>Bessie Lee Harth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Hosp. Chart</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Bronchial pneumonia</u>		<u>10 days</u>
Antecedent cause(s) (b) <u>Chronic Bronchitis and Asthma</u>		<u>2 years</u>
(c) <u>Malnutrition</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Colic Disease</u>		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1957, to Jan 12, 1958, that I last saw the deceased alive on Jan 12, 1958, and that death occurred at 11:30 pm m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 6-13-57

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 16 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	LOCATION (City, town, or county) (State) <u>Burtons ville Md</u>
DATE REC'D BY LOCAL REG. <u>6/13/57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jas. Lawrence Deputy Registrar</u>	24. FUNERAL DIRECTOR <u>J. Arthur Dalton, 254 Carroll St NW</u>	ADDRESS <u>Alabama Park D.C.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED

JUN 15 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06227

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Laurel</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Laurel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Laurel Bowie Rd</u>		STREET ADDRESS (If rural, give location) <u>Laurel Bowie Rd</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Morgan</u>	(Middle) <u>Hinkle</u>	(Last) <u>Newton</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH <u>May 29, 1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE last birthday <u>74</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Howard Co. Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13. FATHER'S NAME <u>Samuel Newton</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Baldwin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Rodner D. Baldwin, Laurel Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chr. MyocarditisINTERVAL BETWEEN ONSET AND DEATH
2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. ACCIDENT (Specify) No PLACE (Home, farm, factory, street, OF office hldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1950 to June 24, 1951, that I last saw the deceasedalive on June 20, 1951, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 7A15

RECEIVED
JUL 3 1957
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

06228

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY Prince Georges		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE D. C. COUNTY -	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Glenn Dale (rural)		LENGTH OF STAY (In this place) 7 mos., and 7 days.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS (If rural, give location) 1340 Peabody St., N. W.			
3. NAME OF DECEASED (Type or Print) THOMAS		(First) (Middle) (Last) W O'BRIEN		4. DATE OF DEATH (Month) (Day) (Year) 6 24 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 10/25/1895	9. AGE last birthday 55 yrs.	If under 1 year Months Days Hours Min. - - - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Examiner		10b. KIND OF BUSINESS OR INDUSTRY Dept. of Justice		11. BIRTHPLACE (State or foreign country) Washington, D. C.	
13. FATHER'S NAME Thomas O'Brien		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Elizabeth Wittmann	
(If yes, give war or dates of service) 1918 to 1919		17. INFORMANT AND ADDRESS Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

7 months

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not While Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/71, 1950, to 6/24, 1951, that I last saw the deceased

alive on 6/24, 1951, and that death occurred at 6 P.m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS Glenn Dale Sanatorium

DATE SIGNED

Glenn Dale, Maryland

6/24/51

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE RECD BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6/25/51

W. Weiss

Francis J. Collins

3821-14th St. N.W.

390916 Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

06229

1. PLACE OF DEATH COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>P.G.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>County</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>County</u>	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Box-74</u>		STREET ADDRESS <u>Box</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>MARY</u> <u>Alice</u> <u>Peck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>25</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 18, 1879</u> <u>71</u> yrs.
9. AGE last birthday If under 1 year: Months Days Hours Min. <u>71</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
11. FATHER'S NAME <u>Charles Johnson</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>no</u>		14. MOTHER'S MAIDEN NAME <u>McBroom</u>	
15. SOCIAL SECURITY No. <u>no</u>		16. INFORMANT AND ADDRESS <u>George Peck</u> <u>Box 74</u>	

17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
Immediate cause (a) <u>Unemia</u>		
Antecedent cause(s) (b) <u>Cerebral Hemorrhage</u> <u>Arteriosclerosis</u>		
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-14, 1951, to 6-25, 1951, that I last saw the deceased alive on 6-14, 1951, and that death occurred at 7-30 P.m., from the causes and on the date stated above.

SIGNATURE J. H. T. Lihachian M.D. (Degree or title) ADDRESS 3112 Clarendon S.E., D.C. DATE SIGNED 6-25-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removed</u>		DATE <u>June 25-51</u>		NAME OF CEMETERY OR CREMATORY <u>Washington D.C.</u>		LOCATION (City, town, or county) (State) <u>D.C.</u>	
DATE REC'D BY LOCAL REG. <u>June 25-51</u>		REGISTRAR'S SIGNATURE <u>Carrie F. Campbell</u>		24. FUNERAL DIRECTOR <u>Robert E. Taylor</u>		ADDRESS <u>1225-4th St.</u>	

720826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06230

Reg. Dist. No. 232

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Indian Springs</u>	
TOWN <u>Chesley</u>		TOWN <u>Indian Springs</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges Gen. Hosp.</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Edgar</u>	(Middle) <u>W.</u>	(Last) <u>Reed</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>4</u>	(Year) <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-1-1891</u>
9. AGE last birthday <u>66</u> yrs.	If under 1 year Months Days	If under 24 hrs Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Charles Amos Reed</u>		14. MOTHER'S MAIDEN NAME <u>Jennie Watson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>World War service</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Francis Sullivan Reed - W. H. Ind.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute congestive heart failure

443X Antecedent cause(s) (b) Essential hypertension

93d Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) hypertensive heart disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/7/51</u>	<u>Emmanuel Methodist</u>	<u>Horsehead</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 6th</u>	<u>R. Ernest Smith</u>	<u>Ritchie Bros.</u>	<u>Upper Marlboro. Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06231

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Riverdale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Laurel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eugene Leland Memorial</u>		STREET ADDRESS (If rural, give location) <u>312 Compton Ave.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>JAMES</u> (Middle) <u>M.</u> (Last) <u>PHELPS</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>6</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Jan. 21/1904</u> 9. AGE last birthday <u>47 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B & O R.R.</u>	
11. FATHER'S NAME <u>Joseph A. Phelps</u>		12. MOTHER'S MAIDEN NAME <u>Mary Blyndi Fitch</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. SOCIAL SECURITY NO.	
15. INFORMANT AND ADDRESS <u>Father 312 Compton Ave. Laurel</u>		16. CITIZEN OF WHAT COUNTRY?	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Generalized peritonitis</u>	<u>1 week</u>
Antecedent cause(s)	(b) <u>Perforated duodenal ulcer</u>	<u>1 week</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		12. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13a. DATE OF OPERATION <u>June 3, 1951</u>	13b. MAJOR FINDINGS OF OPERATION <u>Generalized peritonitis - perforated duodenal ulcer</u>		14. DATE SIGNED <u>6-6-51</u>
15. ACCIDENT SUICIDE HOMICIDE (Specify)	16. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 2, 1951 to June 6, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 2:45 m., from the causes and on the date stated above.

SIGNATURE <u>LW Malen</u>		ADDRESS <u>Riverdale, Md</u>		DATE SIGNED <u>6-6-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)	
<u>Burial</u>	<u>6-9-51</u>	<u>ivy Hill</u>	<u>Laurel Md</u>		
DATE REC'D BY LOCAL REG. <u>June 8-51</u>		REGISTERAR'S SIGNATURE <u>James Sercy</u>		24. FUNERAL DIRECTOR <u>Stewart Donaldson, Laurel, Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 13 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

06232

1. PLACE OF DEATH - COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>D.C.</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Glenn Dale (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenn Dale Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>83 - H. St., N.W.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>JAMES</u> (Middle) <u>G.</u> (Last) <u>PHILLIPS</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>20th</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>8/9/90</u>
9. AGE last birthday <u>60</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter foreman</u>	
11. BIRTHPLACE (State or foreign country) <u>Dawson, W. Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Phillips</u>		14. MOTHER'S MAIDEN NAME <u>Ella Bryant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>578-03-8449</u>	
17. INFORMANT AND ADDRESS <u>Decedent</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis2 yrs 9 mos.Antecedent cause(s) (b) 13b

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>HOMICIDE</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 27th, 1950, to June 20th, 1951, that I last saw the deceasedalive on June 20th, 1951, and that death occurred at 4-10 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REBURNAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>6/21/51</u>	NAME OF CEMETERY OR CREMATORY <u>Glenn Dale Sanatorium</u>	LOCATION (City, town, or county) <u>Glenn Dale, Md.</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>6/21/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>[Signature]</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06233

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rogers Heights</u> LENGTH OF STAY (in this place) <u>3 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rogers Heights (Hyattsville PO)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>5024--56th Avenue</u>		STREET ADDRESS (If rural, give location) <u>5024--56th Avenue</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>NICHOLAS JAMES PLASS</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 18/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wash. Gas Light</u>	9. AGE last birthday <u>69</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Washington, D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Nicholas James Plass</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>577-07-9263A</u>	
17. INFORMANT AND ADDRESS <u>Jean M. Plass, 5024-56 Ave. Rogers Hgt</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Coronary thrombosis</u>				<u>1 1/2 h</u>	
Antecedent cause(s) (b) <u>Arteriosclerosis</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>420.1</u>					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 22 51</u> , 19 <u>51</u> , to <u>June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 26 51</u> , and that death occurred at <u>1:00 P.</u> m., from the causes and on the date stated above.					
SIGNATURE <u>Charles J. Frost</u>		(Degree or title) <u>MD</u>		ADDRESS <u>901 20th NW</u> DATE SIGNED <u>6/11/51</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>June 13/1951</u>		NAME OF CEMETERY OR CREMATORY <u>Washington Nat'l</u>	
LOCATION (City, town, or county) (State) <u>Suitland, Pr. Geo. Md.</u>		24. FUNERAL DIRECTOR <u>W.W. Chambers Company, Riverdale, Md.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>June 11 1951</u>		REGISTRAR'S SIGNATURE <u>James Severe</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

583 588

RECEIVED
JUN 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Prince Georges	
CITY (If outside corporate limits, write RURAL and give nearest town) Calverley 10da-6 hrs		CITY (If outside corporate limits, write RURAL and give nearest town) Rural - Sandston	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Luther	(First)	(Middle) Ramsey	(Last)
4. DATE OF DEATH 6-18	(Month)	(Day)	(Year) 1951
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4-4-1900
9. AGE last birthday 51 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscaper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME Maggie W. ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		17. INFORMANT AND ADDRESS John Ramsey, son	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Cirrhosis of Liver			5 yrs
(b) Antecedent cause(s) Hemolytic Anemia			1 yr
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis			10 yrs
19a. DATE OF OPERATION none			19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) no		PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY no		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 9, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.			
SIGNATURE James C. Tarsen M.D. - Walter Whitlow M.D.		DATE SIGNED 6-18-51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 6/21/51	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington, D.C.		(State)	
DATE REC'D BY LOCAL REG 6/18/51		REGISTRAR'S SIGNATURE Amanda Dourney	24. FUNERAL DIRECTOR N. N. Chambers 8577-1114 SE
		ADDRESS work. D.C. 930105	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 20 1961

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

06235

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Chesapeake</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Berwyn</u>	
TOWN <u>Chesapeake</u>		TOWN <u>Berwyn</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George Gen. Hosp</u>		STREET ADDRESS (If rural, give location) <u>Route #1 - Box 73</u>	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>RAMSEUR</u>	<u>FOYLE</u>	<u>Edwin</u>	
4. DATE OF DEATH	(Month)	(Day)	(Year)
<u>June 8</u>	<u>1951</u>		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>male</u>	<u>white</u>	<u>married</u>	<u>JAN 31 - 1895</u>
9. AGE last birthday	If under 1 year	If under 24 hrs.	If under 1 min.
<u>56</u>	<u>yr.</u>	<u>00</u>	<u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
<u>Retired</u>	<u>US Army</u>	<u>North Carolina</u>	<u>USA</u>
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
<u>WILLIAM S. RAMSEUR</u>	<u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
<u>No</u>	<u>None</u>	<u>Walter Ramsey College Park Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)
Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(a) Ac Pulmonary Congestion
(b) Chronic Bronchitis - Cor pulmonale
(c) Hypertensive cardio - vascular disease

INTERVAL BETWEEN ONSET AND DEATH

2 yr +
5 yr +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	INJURY			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF INJURY	While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from Dec 50, 1950, to June 51, 1951, that I last saw the deceased

alive on June 7, 51, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE Edwin Ramsey (Degree or title) College Park, Md DATE SIGNED 6/8/51

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	State
<u>Burial</u>	<u>6/9/51</u>	<u>St. Lincoln</u>	<u>College Park, Md</u>	<u>MD</u>
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6/8/51</u>	<u>Amanda Downey</u>	<u>W. B. Smith</u>	<u>Hyattsville Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

VVV916

RECEIVED
JUN 11 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

06236

Reg. Dist. No. 232

1. PLACE OF DEATH COUNTY Prince George's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE District of Columbia COUNTY X	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Near Clinton		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 5		STREET ADDRESS (If rural, give location) 1900 F Street N. W.	
3. NAME OF DECEASED (Type or Print)	(First) Paul	(Middle) Gibbons	(Last) Rawlings
4. DATE OF DEATH	(Month) 6	(Day) 23	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Specify) Single	8. DATE OF BIRTH 1 / 6 / 25
9. AGE last birthday 26 yrs.		If under 1 year Months 0 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Radar	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Edgar Rawlings		14. MOTHER'S MAIDEN NAME Elizabeth Richards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Brandywine, Md		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) **Hemorrhage and shock**

Antecedent cause(s) (b) **Crushed chest**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg, etc.) INJURY Route # 5	(CITY OR TOWN) Clinton	(COUNTY) P. G.	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 6/23/51 1:30A	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? a truck Driver of a car that side swiped/		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 6/25/51	NAME OF CEMETERY OR CREMATORY Cedarville Pontenest	LOCATION (City, town, or county) Cedarville Maryland
DATE REC'D BY LOCAL REG. June 27, 1951	REGISTER'S SIGNATURE Robert Smith	24. FUNERAL DIRECTOR Ritchie Bros. Trapper	ADDRESS Marlboro

554367 Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

06237

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Calvert</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brentwood</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mutual, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4506 R.P. Ave</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sarah</u>	(Middle) <u>Annie</u>	(Last) <u>Rice</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/8/1889</u>
9. AGE last birthday <u>62</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Calvert Co.</u>
13. FATHER'S NAME <u>John H. Graham</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Arthur E. Rice 5313 Astor Pl. S.E. D.C.</u>		14. MOTHER'S MAIDEN NAME <u>Mary F. Curtis</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Malnutrition, Emaciation, Dehydration

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Tuberculosis of spine & cold abscesses

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1951, to June 27, 1951, that I last saw the deceased

alive on June 27, 1951, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

George E. Blackman, MD

631 M St. NW

6/29/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 29, 1951 James Carey

P. E. Sewell Prince Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 44

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06238 281

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>P.G.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Capital Heights</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George General Hospital</u>		STREET ADDRESS (If rural, give location) <u>332 - 48th Ave</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Harry</u> (Middle)	(Last) <u>Rithman</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>24</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 24, 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>63</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Washington, D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>?</u>		14. MOTHER'S MAIDEN NAME <u>?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mrs. Louise Rithman - same as #2</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) central thrombosis

INTERVAL BETWEEN ONSET AND DEATH
6 weeks

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 15, 1951, to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

William Brannin MD 612 1/2 Central Ave Capital Heights 6/24/51
6-24-51 Amanda Brown J. H. Harker 642 14th St. N.E.

763000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 26 1961
BUREAU V. S.

4/11/61

Reg. Dist. No. 207

1. PLACE OF DEATH- COUNTY <u>Prince George</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Laurel</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Laurel Md.</u>		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Warren Hospital</u>				STREET ADDRESS <u>Rt # 1</u>		(If rural, give location) <u>Box 197</u>	
3. NAME OF DECEASED (First) <u>Faye</u>		(Middle) <u>Joyce</u>		(Last) <u>Ritter</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>		8. DATE OF BIRTH <u>June 3, 1951</u>	
9. AGE last birthday <u>—</u> yrs.		10. If under 1 year Months. Days		11. If under 24 hrs. Hours Min.		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Lacy Eugene Ritter</u>				14. MOTHER'S MAIDEN NAME <u>Virginia Louise Ritter Doane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Mother</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH										18. MEDICAL HISTORY		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause										(a) Cerebral hemorrhage		Probably	
Antecedent cause(s)										(b) Prematurity		10-15 d.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last										(c)			
II. OTHER SIGNIFICANT CONDITIONS													
Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY?	
												Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY				(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>				HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from 6-3, 1951, to 6-4, 1951, that I last saw the deceased alive on 6-4, 1951 and that death occurred at 5:55 pm, from the causes and on the date stated above.

SIGNATURE _____ (Degree or title) ADDRESS _____ DATE SIGNED _____

SIGNATURE Wm. R. Bunge, Jr. D.		(Degree or title)		ADDRESS Laurel Md		DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE June 6-57		NAME OF CEMETERY OR CREMATORY Mount Hebron		LOCATION (City, town, or county) (State) Winchester Va.	
DATE REC'D BY LOCAL REG. June 5-1957		REGISTRAR'S SIGNATURE M. Deasheare		24. FUNERAL DIRECTOR H. W. Donaldson		ADDRESS Laurel Md.	
206031192292							

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06240

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Broadbury Park</u> LENGTH OF STAY (in this place) <u>5 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Broadbury Park</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4701 - Shadyside Ave</u>		STREET ADDRESS (If rural, give location) <u>4701 Shadyside Ave</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Margaret</u> (Middle) <u>Elizabeth</u> (Last) <u>Ross</u>	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>2</u> (Year) <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 10 / 1888</u> 9. AGE last birthday <u>62</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>
13. FATHER'S NAME <u>James Clark</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Joseph Ross</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>acute congestive heart failure</u>		
Antecedent cause(s) (b) <u>Rheumatic heart disease</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>James J. Boyd</u> (Degree or title) <u>MD</u>		ADDRESS <u>Foresterly Rd</u>		DATE SIGNED <u>6-2-57</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6/3/57</u>	NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>	LOCATION (City, town, or county) (State) <u>Petersburg Pa</u>	
DATE REC'D BY LOCAL REG. <u>June 3-57</u>	REGISTRAR'S SIGNATURE <u>Carrie F. Campbell</u>	24. FUNERAL DIRECTOR <u>W.W. Chambers</u>		ADDRESS <u>517 11th St SE</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 6 1961

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06241
Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>D.C.</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Glenn Dale (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Washington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenn Dale Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>625- K. St., N.W.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>John</u>	(Middle) <u>W.</u>	(Last) <u>Scales</u>
4. DATE OF DEATH	(Month) <u>6</u>	(Day) <u>15</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married (sep)</u>	8. DATE OF BIRTH <u>7/31/20</u>
9. AGE last birthday <u>30</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter-messenger</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Attorneys</u>	11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>David Scales</u>	14. MOTHER'S MAIDEN NAME <u>Florence Wharton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY No. <u>244-18-4188</u>	17. INFORMANT AND ADDRESS <u>Decedent</u>
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary Tuberculosis</u>			<u>2 yrs 5 months</u>
Antecedent cause(s) (b) <u>136</u> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/19/</u> , 19 <u>49</u> , to <u>6/15/</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/15/</u> , 19 <u>51</u> , and that death occurred at <u>5:10 P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Daniel H. Pincus M.D.</u>		ADDRESS <u>Glenn Dale Sanatorium Glenn Dale, Maryland</u>	DATE SIGNED <u>6/15/51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>6/16/51</u>	NAME OF CEMETERY OR CREMATORY <u>Washington D.C.</u>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>6/16/51</u>	REGISTRAR'S SIGNATURE <u>Wesley</u>	24. FUNERAL DIRECTOR <u>Frazier's Funeral Home</u>	ADDRESS <u>289 R.I. Ave. N.W.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

720826

RECEIVED

JUN 22 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06242

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
City or town Hyattsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, institution, or street address where death occurred: Hyattsville Home for the Aged & Convelescents
How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Brandywine, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Catherine Seger

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Samuel Clifton Seger
7. Birth date of deceased (mo., day, yr.) Oct 26, 1878 6.(c) If alive, give age _____ years
8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home

12. Name Marcellis Richards
13. Birthplace Maryland
14. Maiden name Hibbass
15. Birthplace Maryland

16. Informant Guy R. Seger - son
Address Brandywine, Md.

17. Burial Date thereof 6-22-51
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Emmanuel Methodist Church cemetery - Bethesda, Maryland
Location Ritchie Brothers

18. Funeral director Ritchie Brothers
Address Upper Marlboro Maryland

19. June 21 19 51 James Seely
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19 51 at 8:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-16-51 to 6-20-51
and that I last saw him or alive on 6-19-51

Immediate cause of death Cerebral hemorrhage DURATION 3 1/2 hrs.

Due to Hypertensive cardio vascular renal disease 15 years

Due to 442X
Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE John P. Clum M.D.
Address Hyattsville Md Date signed 6-20-51

MARGIN RESERVED FOR BINDING

9-45-15M

VS-AJ15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
JUN 25 1961
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06243
232

1. PLACE OF DEATH: COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Croome</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Barstow - Md</u>	
HOSPITAL OR INSTITUTE OR STREET ADDRESS <u>none</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>Lucy</u>	<u>Toye</u>	<u>Sherbert</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 13, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	9. AGE last birthday <u>71</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Calvert - County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Caleb Toye</u>		14. MOTHER'S MAIDEN NAME <u>Harriet White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Virginia Freeland</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>			<u>4 days</u>
Antecedent cause(s) (b) <u>Hypertension</u>			<u>10 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Nephritis</u>			<u>10 yrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			<u>15 yrs</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>—</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 2, 1951, to June 11, 1951, that I last saw the deceased alive on June 10, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE <u>James G. Sawyer M.D.</u>	(Degree or title)	ADDRESS <u>Upper Marlboro - Md.</u>	DATE SIGNED <u>6-11-51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>June 13, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Harriet Cemetery</u>	LOCATION (City, town, or county) (State) <u>Barstow Md</u>
DATE REC'D BY LOCAL REG. <u>June 11, 1951</u>	REGISTRAR'S SIGNATURE <u>R. G. Smith</u>	24. FUNERAL DIRECTOR <u>Pursey Sewell</u>	ADDRESS <u>Greenfield</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06244

Reg. Dist. No. 239

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Laneth</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Laneth</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>106 Lafayette Avenue</u>		STREET ADDRESS (If rural, give location) <u>106 Lafayette Avenue</u>	
3. NAME OF DECEASED (Type or Print) <u>BRENDA KAY SMITH</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 17, 1951</u>
9. AGE last birthday <u>3</u> yrs. <u>12</u> months <u>12</u> days		10. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Smith</u>		14. MOTHER'S MAIDEN NAME <u>Laura Easton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>George Smith, Laneth, Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Internal hydrocephalus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Genellarity (Triplets)

(c) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

Since birth

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April, 1951, to June 29, 1951, that I last saw the deceased

alive on June 28, 1951, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Wm. R. Bunge

M.D. 305 P. George St. Laneth, Md

6.29.51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 30, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Long Hill Cemetery</u>		LOCATION (City, town, or county) <u>Laneth, Maryland</u>		(State)	
DATE REC'D BY LOCAL REG. <u>June 29-51</u>		REGISTRAR'S SIGNATURE <u>M. Brachman</u>		24. FUNERAL DIRECTOR <u>De Witt Donaldson</u>		ADDRESS <u>Laneth, Md</u>			

203171334393

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

06474

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *mf5*

1. PLACE OF DEATH- COUNTY <i>Pence Geo.</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>D.C.</i> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>WAKOMA PARK</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>WASH.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>1008 Hopewell Ave.</i>		STREET ADDRESS (If rural, give location) <i>1652 Hobart St. N.W.</i>	
3. NAME OF DECEASED (Type or Print) <i>Effie Alice</i> (First) <i>Alice</i> (Middle) <i>Speelman</i> (Last)		4. DATE OF DEATH (Month) <i>6</i> (Day) <i>7</i> (Year) <i>1951</i>	
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8/27/1865</i>
9. AGE last birthday <i>85</i> yrs.		10. BIRTHPLACE (State or foreign country) <i>OKLA</i>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Elias Long</i>		14. MOTHER'S MAIDEN NAME <i>Emily Carrick</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>6-8-51</i>	
17. INFORMANT AND ADDRESS <i>Barbara Speelman, 1652 Hobart St. WASH. D.C.</i>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) <i>Cerebral Thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
Antecedent cause(s) (b) <i>Cerebral Arteriosclerosis</i>	<i>year?</i>
(c) <i>334X 80b stating the underlying cause last</i>	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <i>none</i>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>---</i>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 26, 1951*, to *June 7, 1951*, that I last saw the deceased alive on *June 6, 1951*, and that death occurred at *3:45 A.M.*, from the causes and on the date stated above.

SIGNATURE <i>Wm. P. Campbell</i>	(Degree or title) <i>M.D.</i>	ADDRESS <i>Kenesaw Ave.</i>	DATE SIGNED <i>June 7, 1951</i>
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial - Roman</i>	DATE THEREOF <i>6-8-51</i>	NAME OF CEMETERY OR CREMATORY <i>Fairmont Cem.</i>	LOCATION (City, town, or county) (State) <i>WASH. D.C.</i>
DATE REC'D BY LOCAL REG. <i>6-9-51</i>	REGISTRAR'S SIGNATURE <i>James Percy</i>	24. FUNERAL DIRECTOR <i>W.D. & Sons Co. 3901-14th St. N.W.</i>	ADDRESS <i>WASH. D.C.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MS. A15

RECEIVED

JUN 11 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06245

239

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>North Carolina</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lanesh</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Southern Pines</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Warren Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>EARL</u> (Middle) <u>Walter</u> (Last) <u>SPURGIN</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>18</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>Dec 13, 1892</u>
9. AGE last birthday <u>58</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wagon</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Business racing</u>	11. BIRTHPLACE (State or foreign country) <u>Michigan</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>Charles Spurgin</u>	14. MOTHER'S MARDEN NAME <u>Lula Spurgin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Mrs. Eda Spurgin, Southern Pines, N. Carolina</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) acute heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-17, 1951, to 6-18, 1951, that I last saw the deceased alive on 6-18, 1951, and that death occurred at 1 a. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Wm. R. BungeM.D.305 P. George St. Lanesh, N.C.6-18-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/20/51</u>	<u>Mt. Hope Cemetery</u>	<u>Southern Pines</u>	<u>N. C.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 18-1951</u>	<u>M. Brashears</u>	<u>W. H. Donaldson, Lanesh, N.C.</u>		

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06246

Reg. Dist. No. 242

1. PLACE OF DEATH- COUNTY Prince George's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY P. G.	
CITY (If outside corporate limits, write RURAL and give nearest town) Ritchie		CITY (If outside corporate limits, write RURAL and give nearest town) Ritchie	
TOWN Ritchie		TOWN Ritchie	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6867 Ritchie Road		STREET ADDRESS (If rural, give location) 6867 Ritchie Road	
3. NAME OF DECEASED (First) John (Middle) William (Last) Stallings		4. DATE OF DEATH (Month) 6 (Day) 20 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/28/84
9. AGE last birthday 67 yrs.		If under 1 year: Months 6 Days 20 Hours 19 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William Stallings		14. MOTHER'S MAIDEN NAME Sarah Tucker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT Nellie Stallings			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Exhaustion	Antecedent cause(s) (b) Lymphatic leukemia	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 74a		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19. **50**, to **6/20/51** 19....., that I last saw the deceased alive on **6/20/51** 19....., and that death occurred at **2:30P** m., from the causes and on the date stated above.

SIGNATURE **James H. Boyd** M. D. Forestville, Md. DATE SIGNED **6/21/51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6/23/51	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) (State) Suitland, Md.
DATE REC'D BY LOCAL REG. June 21-1951	REGISTRAR'S SIGNATURE Edna F. Collins	24. FUNERAL DIRECTOR Ritchie Bros. Upper	ADDRESS 820105 Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06247

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>P. G.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Croome</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Croome</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>on F. John's Wood's Farm</u>		STREET ADDRESS (If rural, give location) <u>F. John's Wood's Farm</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ernest</u>	(Middle) <u>Rosevelt</u>	(Last) <u>Stewart</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>5</u> yrs.	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>6</u> (Year) <u>1957</u>
11. BIRTHPLACE (State or foreign country) <u>Croome, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Percy Stewart</u>		14. MOTHER'S MAIDEN NAME <u>Mary Stewart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Percy Stewart</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
527/2 Immediate cause (a) <u>acute pulmonary edema</u>			
Antecedent cause(s) (b) <u>1116 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE James S. Boyd M.D. ADDRESS Forestville Md DATE SIGNED 6-7-57

23. BURIAL, CREMATION REMOVAL (Specify) 90 June 1957 NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery LOCATION (City, town, or county) Croome Md. (State)

DATE REC'D BY LOCAL REG. 6-7-57 REGISTRAR'S SIGNATURE Amanda H. Jones 24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis, Md.

Sign Here L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 14 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06248

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>D.C.</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>HYATTSVILLE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>WASHINGTON</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HYATTSVILLE CONVALESCENT H</u>		STREET ADDRESS (If rural give location) <u>208 - 4th ST. S.E.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>FRANCES</u>	(Middle) <u>J.</u>	(Last) <u>SWIGGARD</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>21</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 1, 1873</u>
9. AGE last birthday <u>77</u> yrs.		10. AGE last birthday If under 1 year Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>ALABAMA</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>FREDERICK C. JOST</u>		14. MOTHER'S MAIDEN NAME <u>ELISE FRANCES BAUMER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>-</u>	
17. INFORMANT <u>MRS. Geo. A. Howe</u>		<u>(SISTER)</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Diabetes Mellitus</u>	<u>about 2 years</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Hypertensive & Coronary arteriosclerotic Heart Disease with myocardial Failure</u>	<u>about 5 years</u>
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to June 21, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

SIGNATURE <u>Henry R. Pear M.D.</u>	DATE THEREOF <u>6/25/51</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	LOCATION (City, town, or county) <u>Washington, D.C.</u>	DATE SIGNED <u>6/21/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE REC'D BY LOCAL REG. <u>June 21, 1951</u>	REGISTRAR'S SIGNATURE <u>James Percy</u>	24. FUNERAL DIRECTOR <u>Francis J. Collins</u>	ADDRESS <u>3821-14th ST. N.W.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 25 1991
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06475

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince G.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>rural</u> <u>Leeland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>rural</u> <u>Leeland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Nellie</u> (First) <u>Ocdonia</u> (Middle) <u>Sweeney</u> (Last)	4. DATE OF DEATH <u>June</u> (Month) <u>7</u> (Day) <u>1951</u> (Year)		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 24 1905</u>
9. AGE last birthday <u>45</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic - tenant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Albert Windsor</u>		14. MOTHER'S MAIDEN NAME <u>Mary Garner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Frank Sweeney</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause <u>170X</u> <u>50</u> <u>Uremia due to anuria</u>	(a) <u> </u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u> </u>	<u>4 yrs.</u>
(c) <u>multiple metastases - lungs, brain & spine</u>	(c) <u> </u>	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>Oct 1947</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left breast</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1947, to 7 June, 1951, that I last saw the deceased alive on 5 June, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE <u>Robert B. Passer</u>	(Degree or title) <u>MD</u>	ADDRESS <u>Upper Marlboro, Md</u>	DATE SIGNED <u>2 June 51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 11, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Epiphany Church cemetery</u>	LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>
DATE REC'D BY LOCAL REG. <u>June 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Smith</u>	24. FUNERAL DIRECTOR <u>Ritchie Bros.</u>	ADDRESS <u>Upper Marlboro</u>
<u>720826 Maryland</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *539*

1. PLACE OF DEATH - COUNTY <i>Prince Georges</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <i>md</i> COUNTY <i>P.g</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Laurel</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Laurel</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <i>608 8th St</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>John</i> (Middle) <i>Thomas</i> (Last) <i>Thomas</i>		4. DATE OF DEATH (Month) <i>June</i> (Day) <i>10</i> (Year) <i>1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Mar 4 1888</i>
9. AGE last birthday <i>63 yrs.</i>		10. BIRTHPLACE (State or foreign country) <i>Laurel Md</i>	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Nelson Thomas</i>		14. MOTHER'S MAIDEN NAME <i>Reanna Anders</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY No. <i>215-2012808</i>	
17. INFORMANT AND ADDRESS <i>William Thomas</i>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) *Carcinoma Lung*

47d Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH *1 yr*II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <i>SUICIDE</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>HOMICIDE</i>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *2/5*, 1957, to *6/10*, 1957, that I last saw the deceased alive on *6/10*, 1957, and that death occurred at *6/10*, m., from the causes and on the date stated above.

SIGNATURE *J M Warren* ADDRESS *Laurel* DATE SIGNED *6/11/57*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>June 12, 1957</i>	NAME OF CEMETERY OR CREMATORY <i>Beacon</i>	LOCATION (City, town, or county) <i>Anne arundel Co Md</i>
DATE REC'D BY LOCAL REG. <i>June 11-1957</i>	REGISTRAR'S SIGNATURE <i>M. Brashear</i>	24. FUNERAL DIRECTOR <i>Ridgley Selby</i>	ADDRESS <i>401 Wash. ave</i>

9700W Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALE

RECEIVED
JUN 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

06250

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>D.C.</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Glenn Dale (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Washington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenn Dale Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>1419- 35'th, N.W.</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>HARRY EDWARD TOSTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 11 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 22 1904</u>
9. AGE last birthday <u>46</u> yrs.		10. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self empd.</u>	
11. BIRTHPLACE (State or foreign country) <u>California, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Riley Toston</u>		14. MOTHER'S MAIDEN NAME <u>Mary Rehuma</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>2/21/23-2/21/25/</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Decedent</u>			

and 9/9/43 - 8/15/45/18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pulmonary tuberculosis far advanced

INTERVAL BETWEEN ONSET AND DEATH

30 Months

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8, 1950, to 6/11, 1951, that I last saw the deceasedalive on 6/11, 1951, and that death occurred at 10 a. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. REMOVAL, CREMATION (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 6/11/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

043 VW

BUREAU V. S.

JUN 15 1951

RECEIVED

Mr. Tolson
Mr. Boardman
Mr. Nichols
Mr. Belmont
Mr. Ladd
Mr. Clegg
Mr. Glavin
Mr. Harbo
Mr. Rosen
Mr. Tracy
Mr. Egan
Mr. Gurnea
Mr. Hendon
Mr. Pennington
Mr. Quinn
Mr. Nease
Miss Gandy

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06251 231

1. PLACE OF DEATH- COUNTY <i>Prince George's</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Prince George's</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Greenleaf</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Greenleaf, Md</i>	
TOWN <i>Greenleaf</i>		TOWN <i>Greenleaf, Md</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Prince George's General</i>		STREET ADDRESS (If rural, give location) <i>11 E Laurel Hill Ch</i>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <i>Waigand</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 13 1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 13 1951</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Mr. Frederick Waigand</i>		14. MOTHER'S MAIDEN NAME <i>Miss Ida Rogers</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS		12. CITIZEN OF WHAT COUNTRY?	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause

(a)

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

157e

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-13*, 19*51*, to *6-13*, 19*51*, that I last saw the deceasedalive on *6-13*, 19*51*, and that death occurred at *11:52* a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

20613/341383

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

1951



BUREAU V. S.

JUN 22 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

062527

1. PLACE OF DEATH COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>P. B.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lanover</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George General Hospital</u>		STREET ADDRESS (If rural, give location) <u>Oak street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Josephine</u>	(Middle)	(Last) <u>Washburn</u>
6. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 16 - 1855</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE last birthday <u>95</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Laura G. Bassette - Lanover, Md</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
4200 Immediate cause (a)	<u>Cerebral thrombosis</u>		<u>12 days</u>
93d Antecedent cause(s) (b)	<u>Hypertensive - arteriosclerotic heart disease</u>		<u>15 yrs.</u>
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-3, 1957, to 6-13, 1957, that I last saw the deceased alive on 6-13, 1957, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE R.N. Sauer ADDRESS M.D. 4514 Ballantyne St. Hagerstown, Md. DATE SIGNED 6-14-57

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF June 14, 1957 NAME OF CEMETERY OR CREMATORY St. Elizabeth LOCATION (City, town, or county) St. Olm. Manor (State) Md.

DATE REC'D BY LOCAL REG. June 14 1957 REGISTRAR'S SIGNATURE Amanda K. Brown 24. FUNERAL DIRECTOR W. W. Chambers & Co., Pikesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06253

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: Prince George's COUNTY Montgomery County MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN WASHINGTON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS MOTHER JONES REST HOME		STREET ADDRESS (If rural, give location) 1505 RHODE ISLAND AVE N.E.	
3. NAME OF DECEASED (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)		
REBECCA EVANS WILLARD	JUNE 3 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH SEPT 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELFARE DEPT.		10b. KIND OF BUSINESS OR INDUSTRY DEPT AGRICULTURE	11. BIRTHPLACE (State or foreign country) JOHNSTOWN, PA.
13. FATHER'S NAME RICHARD EVANS		14. MOTHER'S MAIDEN NAME MARGARET HARRIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS DANIEL J. O'CONNOR 1505 Rhode Island Ave Wash, D.C.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

158X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46h

(a) Retroperitoneal sarcoma with

(b) extensive metastasis to lungs, liver

(c) spine, etc.

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5/15/57, 1957, to 6/3/57, 1957, that I last saw the deceased alive on 4/2/57, 1957, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	6/6/57	GRANDVIEW CEM.	JOHNSTOWN, PENN.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 8-1957	Mrs. J. Severe	The S.H. Jones Co.	2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 6 1951
BUREAU OF
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